

PREVENTION HEALTH AND HEALTH SERVICES BLOCK GRANT
Health Incentive Program (314d)
Grant Financial Status Report

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LOCAL JURISDICTION _____ FFY 2005

Please indicate which quarter is being reported:

_____ 1st Qtr. (10/1 - 12/31/04)*

_____ 2nd Qtr. (1/1 - 3/31/05)*

_____ 3rd Qtr. (4/1 - 6/30/05)*

_____ 4th Qtr. (7/1 - 9/30/05)*

_____ * FINAL REPORT: Program Plan health objectives have been met for the year.

1. State agency, office, and person to which report is submitted:
California Department of Health Services, County Health Services Unit
MS 5202, P. O. Box 997413, Sacramento, CA 95899-7413
Attention: Susan R. Keim, (916) 552-8050 (E*mail: skeim@dhs.ca.gov)
2. **Federal Catalog Identification Number - 93.991**
3. Recipient: _____

Address: _____

City: _____ Zip Code: _____
4. Employer's Identification Number (if applicable): _____
5. Date report submitted: _____
6. Name and title of person filling out this report: _____
7. Phone number of person filling out this report:

Telephone No.: _(_____) _____ Extension: _____

FAX No. _(_____) _____

LOCAL JURISDICTION: _____

8. Period covered by report:

9. Net outlays previously reported	\$ _____	\$ _____
10. Total outlays this report period		\$ _____
11. Less: Grant income credits		\$ _____
12. Net outlays this report period (line 10 minus line 11)		\$ _____
13. Net outlays to date (line 9 plus line 12)		\$ _____
14. Less: Non-grant share of outlays		\$ _____
15. Total grant share of outlays (line 13 minus line 14)		\$ _____
16. Total unliquidated obligations		\$ _____
17. Less: Non-grant share of unliquidated obligations		\$ _____
18. Grant share of unliquidated obligations		\$ _____
19. Total grant share of outlays and unliquidated obligations (15 plus 18)		\$ _____
20. Total cumulative amount of grant funds authorized		\$ _____
21. Unobligated balance of grant funds		\$ _____

I certify, to the best of my knowledge and belief, that this report is correct and complete and that all expenditures and unliquidated obligations are for the purpose set forth in the Certification document.

Signature _____ Date _____

Title _____ Telephone No._() _____

E*mail: _____
